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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/600,540
	Filing Date	6/23/2003
	First Named Inventor	Kamel Shaath
	Art Unit	2187
	Examiner Name	Nguyen, Hiep T
	Attorney Docket Number	0002-00009 US CO

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

94979

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

94979

OR

☐ Firm or  
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Mr. Kamel Shaath, Chief Technology Officer, KOM Networks, Inc.

Date

4/20/2011

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐

\*Total of \_\_\_\_\_ forms are submitted.